PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificat	correspondence includired below or directed oth tions.	ng the Patent, advance on herwise in Block 1, by (a	rders and notification of nation a) specifying a new corres	naintenance fees w pondence address;	ill be and/or	mailed to the current (b) indicating a sepa	correspondence rate "FEE ADD	address as RESS" for
24737 PHILIPS INTE P.O. BOX 3001	Fee(pape have	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
BRIARCLIFF W	IANOR, NY 10510		trans	smitted to the USPI	O (57	1) 2/3-2885, on the d		ositor's name)
							(2.5)	(Signature)
								(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMAT			ON NO.
10/537,128 06/02/2005			Johannus Leopoldus Bakx		NL021305		8392	
APPLN, TYPE	SMALL ENTITY	R READING AN INFOR	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE I	DUE.
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/17/2	
EXAMINER		ART UNIT	CLASS-SUBCLASS]		Ų1010	02/1//2	
ALI, FARHAD		2446	369-124120	J				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent atto- listed, no name will be	of a single firm (having as a member a torney or agent) and the names of up to patent attorneys or agents. If no name is me will be printed.				
(A) NAME OF ASSIC	GNEE	ified below, no assignee oletion of this form is NO CLECTRONICS	data will appear on the ptT a substitute for filing and (B) RESIDENCE: (CITY N.V.		OUNT	RY)	ocument has bee	n filed for
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent): \Box	Individual 🛱 Co	rporati	on or other private gro	up entity 🚨 G	overnment
4a. The following fee(s) a ☑ Issue Fee ☑ Publication Fee (N ☐ Advance Order - #	To small entity discount p	 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form). 						
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	ıs. See 37 CFR 1.27.	b. Applicant is no long					on montry in
interest as shown by the i	records of the United Sta	ites Patent and Trademark	d from anyone other than the Office.	ne applicant; a regis	tered a		e assignee or our	er party in
Authorized Signature	/Edward W	. Goodman/		DateFEE	BRU	ARY 4, 200)	_
Typed or printed name	_e EDWARD W	. GOODMAN		Registration N	o. <u>2</u>	28,613		_
an application. Confident submitting the completed this form and/or suggesti	tiality is governed by 35 I application form to the ons for reducing this bu	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO	imated to take 12 n idual case. Any co er, U.S. Patent and	ninutes mment Fraden	to complete, including s on the amount of tire mark Office, U.S. Depa	g gathering, prep ne you require to rtment of Comn	oaring, and o complete nerce. P.O.

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.